

RIGHT-OF-WAY PERMIT APPLICATION

PERMIT NUMBER ROW _____ - _____ (FOR OFFICE USE ONLY)

Address
of work

A. ADDRESS (ROW ACTIVITY): _____

CONTRACTOR: _____

AGENT/APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

LIC. #: _____ LIC. #: _____

BUSINESS

INDIVIDUAL

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE #: _____

What
work or
activity is
taking
place

B. PROJECT DESCRIPTION: _____

EMERGENCY: ☐ YES ☐ NO CERTIFIED UTIL.: ☐ YES ☐ NO

Dates of
work, area
being used

C. AREAS TO BE AFFECTED/USED BY WORK:

AREA 1: TOTAL CLOSURE () OR PARTIAL CLOSURE ()

TRAFFIC LN () PARKING LN () SIDEWALK () SHOULDER ()

STREET NAME: _____ # OF DAYS: _____

START DATE: _____ END DATE: _____

AREA DESCRIPTION: _____

AREA 2: TOTAL CLOSURE () OR PARTIAL CLOSURE ()

TRAFFIC LN () PARKING LN () SIDEWALK () SHOULDER ()

STREET NAME: _____ # OF DAYS: _____

START DATE: _____ END DATE: _____

AREA DESCRIPTION: _____

***IF TOTAL ROAD CLOSURE - YOU MUST PROVIDE DETOUR
INFORMATION (A MAP OF DETOUR & WRITTEN DETOUR)**

OF METERS RESERVED: _____

METER NUMBERS: _____

***IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE
THE METER NUMBERS***

STANDARD WORK HOURS ARE:

9 a.m. to 3 p.m. for Regional Center

8:15 a.m. to 4:00 p.m. for thoroughfare

7:00 a.m. to 6:00 p.m. for non-thoroughfare

****Any work outside of these hours is a "special hours" request
and should be noted in the "special hours" area. All special
hour requests will be reviewed prior to being issued.**

SPECIAL HOURS: _____

meter
numbers
if applicable

standard
work
hours

If hours
requested
are
different
than those
listed

D. CITY PROJECT #: _____

CITY PROJECT NAME: _____

CITY PROJ. MGR.: _____

CITY PROJ. MGR. #: _____

E. TRAFFIC CONTROL:

____ 1) LIGHTED BARRELS ____ 2) ILEA OFFICER

____ 3) CONES ____ 4) ARROWBOARD

____ 5) CONTROLLERS ____ 6) TYPE 3 BARRICADES

traffic
control
being
u
if applica

F. EXCAVATIONS:

____ # OF PAVEMENT EXCAVATIONS

____ # OF NON-PAVEMENT EXCAVATIONS

G. INDEMNIFICATION AGREEMENT:

ALL PERMIT APPLICATIONS MUST BE SIGNED AND DATED:

The petitioner/applicant hereby agrees to hold harmless, defend and to indemnify the Department of Metropolitan Development and the City of Indianapolis from or against all claims, action, damages and expenses, including but not limited to reasonable attorney's fees or any alleged injury and/or death to any person or damage to any property arising, or alleged to have arisen out of any act of commission or omission on the part of the petitioner/applicant, his/her heirs, successors, or assigns regardless of whether such acts are the direct or indirect result of the public right-of-way use pursuant to this permit grant.

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

H. NOTARY USE ONLY: FOR ANY APPLICANT NOT A
GENERAL CONTRACTOR.

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY
PUBLIC IN AND FOR SAID COUNTY AND STATE,

THIS ____ DAY OF _____, YEAR ____

STATE OF: _____ COUNTY OF: _____

NOTARY PUBLIC: _____

SIGNATURE: _____

MY COMMISSION EXPIRES: _____